

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90012 002 ***150.00

DOCUMENT # F98154

1. Entity Name

GREAT BAY CORP.

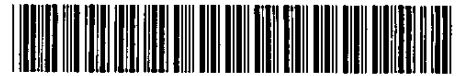


Principal Place of Business

1717 NO BAYSHORE DR
THE GRAND - STE 2500
MIAMI FL 33132
US

Mailing Address

1717 NO BAYSHORE DR
THE GRAND - STE 2500
MIAMI FL 33132
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2239268

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAPLAN, IAN
1717 NO BAYSHORE DR
THE GRAND - STE 2500
MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	☐ Delete
NAME	KAPLAN, IAN	
STREET ADDRESS	1717 N. BAYSHORE DRIVE, #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	☐ Delete
NAME	KAPLAN, HOWARD	
STREET ADDRESS	1717 N. BAYSHORE DRIVE, #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ Delete
NAME	MALCY, RICHARD M	
STREET ADDRESS	1717 N. BAYSHORE DR., SUITE 2000	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☒ Change ☐ Addition
NAME	KAPLAN, HOWARD	
STREET ADDRESS	1717 N. BAYSHORE DR., #2000	
CITY-ST-ZIP	MIAMI, FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	☐ Change ☒ Addition
NAME	KAPLAN, LESLIE	
STREET ADDRESS	1717 N. BAYSHORE DR., #2000	
CITY-ST-ZIP	MIAMI, FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

IAN KAPLAN

2/7/08

305-530-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #